



1651/9

Docket N . 0575/59469/JPW/AJM/MVM

In re application of: Robert H. DeBellis and Bernard F. Erlanger

Serial No.: 09/828,413

Examiner: Sandra Saucier

Filed: April 6, 2001

Art Unit: 1651

For: METHODS OF TREATING SICKLE CELL DISEASE

November 17, 2003

Commissioner for Patents  
P.O. Box: 1450  
Alexandria, VA 22313-1450

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S I R:

Transmitted herewith is an amendment to the above-identified application.

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X Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

       a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed. TECH CENTER 1600/2900

       No additional fee is required.

The filing fee is calculated as follows:

|  | NUMBER AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | NUMBER OF EXTRA CLAIMS PRESENTED |   | RATE                  |              |   | FEE          |              |
|--|------------------------|---|------------------------------------|---|----------------------------------|---|-----------------------|--------------|---|--------------|--------------|
|  |                        |   |                                    |   |                                  |   | SMALL ENTITY          | OTHER ENTITY |   | SMALL ENTITY | OTHER ENTITY |
| Total Claims   | 19                     | - | * 19                               | = | *** 0                            | x | 9.00                  | 18.00        | = | 0            |              |
| Independent Claims   | 6                      | - | ** 6                               | = | *** 0                            | x | 43.00                 | 86.00        | = | 0            |              |
| Multiple Dependent Claims(s) Presented <u>      </u> Yes <u>X</u> No |                        |   |                                    |   |                                  |   | 145.00                | 290.00       |   | 0            |              |
| For First Time:  |                        |   |                                    |   |                                  |   | TOTAL ADDITIONAL \$ 0 |              |   |              |              |
|  |                        |   |                                    |   |                                  |   | FEE                   |              |   |              |              |

\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Robert H. DeBellis and Bernard F. Erlanger

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

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X A check in the amount of \$ 210.00 is enclosed.

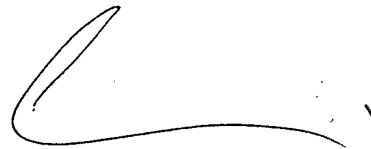
For a Two-Month Extension of Time fee.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to:

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